EXPRESS MAIL NO.: ER 166094363 US

## **APPLICATION DATA SHEET**

10/574070

# **Application Information**

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title ::	SYSTEM AND METHOD FOR XENOBIOTIC CELL AND TISSUE CULTURE SUPPORTED BY SURROGATE AVIAN VASCULAR CIRCULATION
Attorney Docket Number::	67789-569
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	Yes
Petition included?::	
Petition Type::	
Licensed U.S. Gov't Agency::	
Contract or Grant No::	

### Secrecy Order in Parent Appl.?::

### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Mexico

Status:: Full Capacity

Given Name:: Maria

Middle Name:: del Rocío

Family Name:: Sierra-Honigmann

Name Suffix::

City of Residence:: Thousand Oaks

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 656 Camino de la Luna

City of mailing address:: Thousand Oaks

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 91320

#### **Correspondence Information**

Correspondence Customer Number:: 50670

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

213-633-6800

Fax Number:

213-633-6899

E-Mail address::

sethlevy@dwt.com

## Representative Information

Representative Customer Number:: 50	50670
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# **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US04/032362	10/01/2004
PCT/US04/032362	An application claiming the benefit under 35 USC 119(e)	60/507,834	10/01/2003

# **Assignee Information**

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	California
Country of mailing address::	USA
Postal or Zip Code of mailing address::	90048